



# The Massachusetts Department of Public Health Health Care Workforce Center

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An Overview of the Health Care Workforce Center

June 18, 2013

Massachusetts Department of Public Health  
Primary Care Office and Office of Statistics and Evaluation



# Health Care Workforce Center

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- Overview of Presentation
  - Health Care Workforce Center
    - Background
    - Health Professions Data Series
  - Health workforce recruitment and retention
    - Loan repayment overview
    - Retention research and results



# Establishment of the Health Care Workforce Center

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Established in the Acts of 2008, expanded in Acts of 2012, Chapter 224

- The Health Care Workforce Center is mandated to:
  - Coordinate MDPH health care workforce activities with state agencies, public and private entities
  - Monitor trends in access to health care providers
  - Identify solutions to address health care workforce shortages



# Health Care Workforce Center Data Collection

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- The Health Care Workforce Center created a system of data collection through license e-renewal
  - Creation of ***core data set***
  - Monitor workforce trends in demographics, education
  - Inform policy makers about current, future capacity
- Currently collecting data from 7 licensed disciplines including physicians and
  - Dentists, dental hygienists, pharmacists, physician assistants, nurses, licensed practical nurses



# Healthcare Workforce Minimum Data Set

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- Initial licensure data
- Specialty
- Employment Site(s)
  - Zip code
  - Setting
  - Role
  - Accepting New patients
- Employment Status
  - Full time
  - Part time
- Direct patient care hours (hrs./week)
- Administrative, managerial
- Academia, research, teaching
- Future Plans
- Length of future practice
- Demographics
  - Age
  - Gender
  - Education (degrees)
  - Race & Ethnicity
  - Language Fluency



# Health Workforce Data Series: Targeting Resources and Planning

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Biennial Data collection	
2010, 2012, 2014...	2011, 2013, 2015...
<ul style="list-style-type: none"><li>• Dentists</li><li>• Dental Hygienists</li><li>• Registered Nurses (includes APRN)</li><li>• Physicians (BORIM - ongoing)</li></ul>	<ul style="list-style-type: none"><li>• Pharmacists</li><li>• Physician Assistants</li><li>• Licensed Practical Nurses</li><li>• Physicians (BORIM - ongoing)</li></ul>

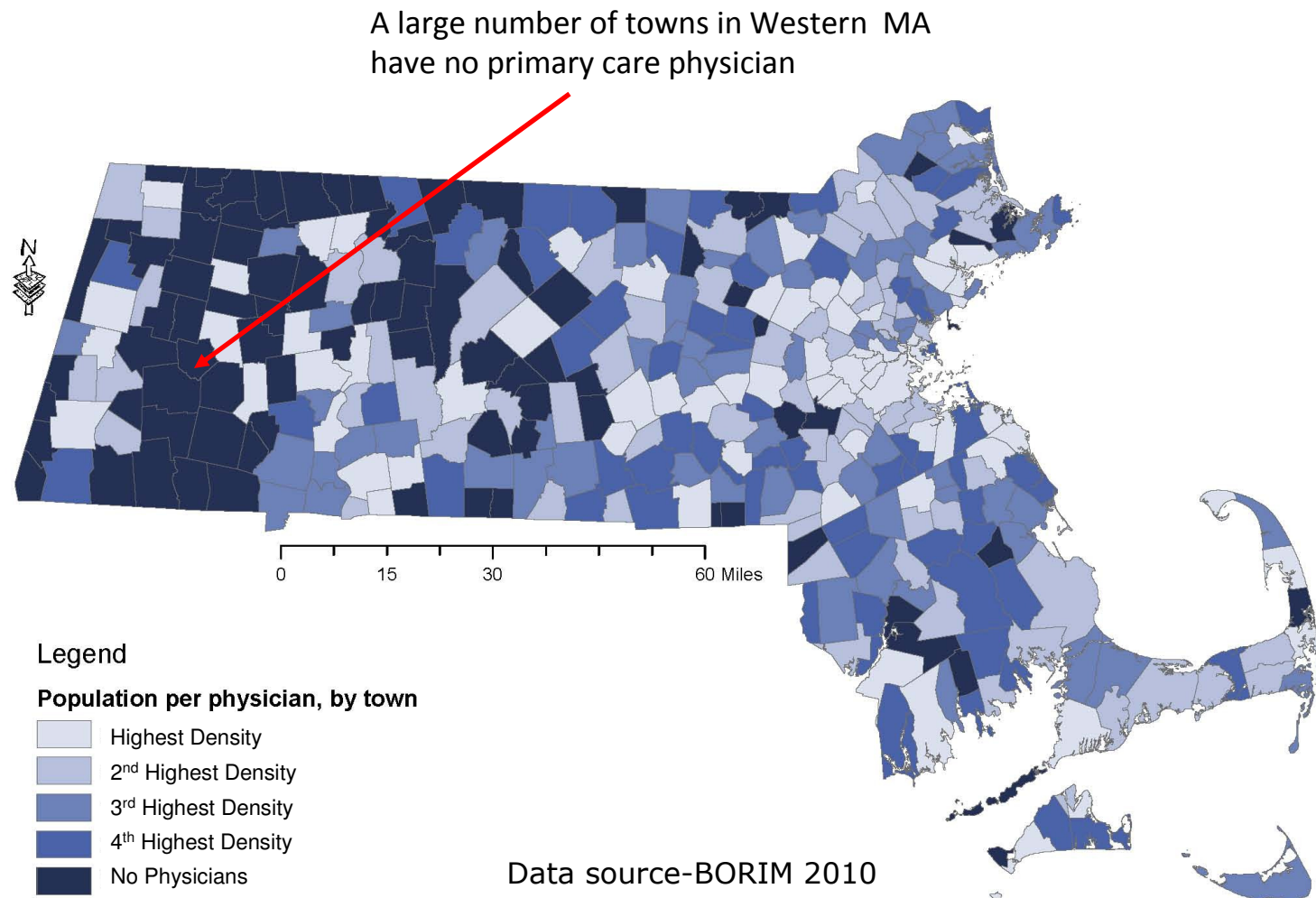
## ○ Evaluation and Planning Approaches:

- Geographic
- Demographic
- Policy-based
- All of the above

# Geographic-Based Planning:

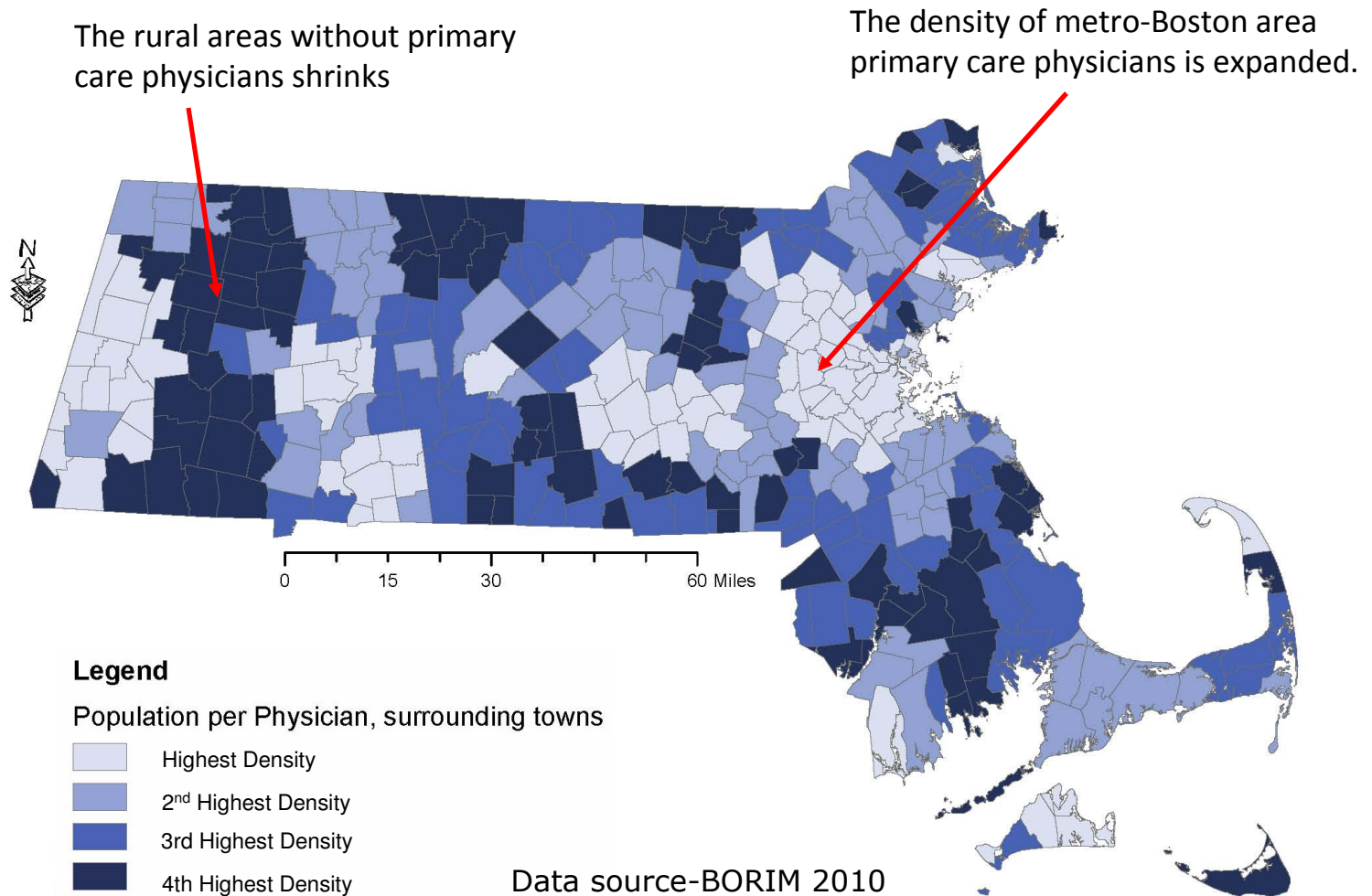
## Understanding the Impact of the Physician Density on Access to Care

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# Geographic-Based Planning:

## After accounting for Physicians in Surrounding Towns





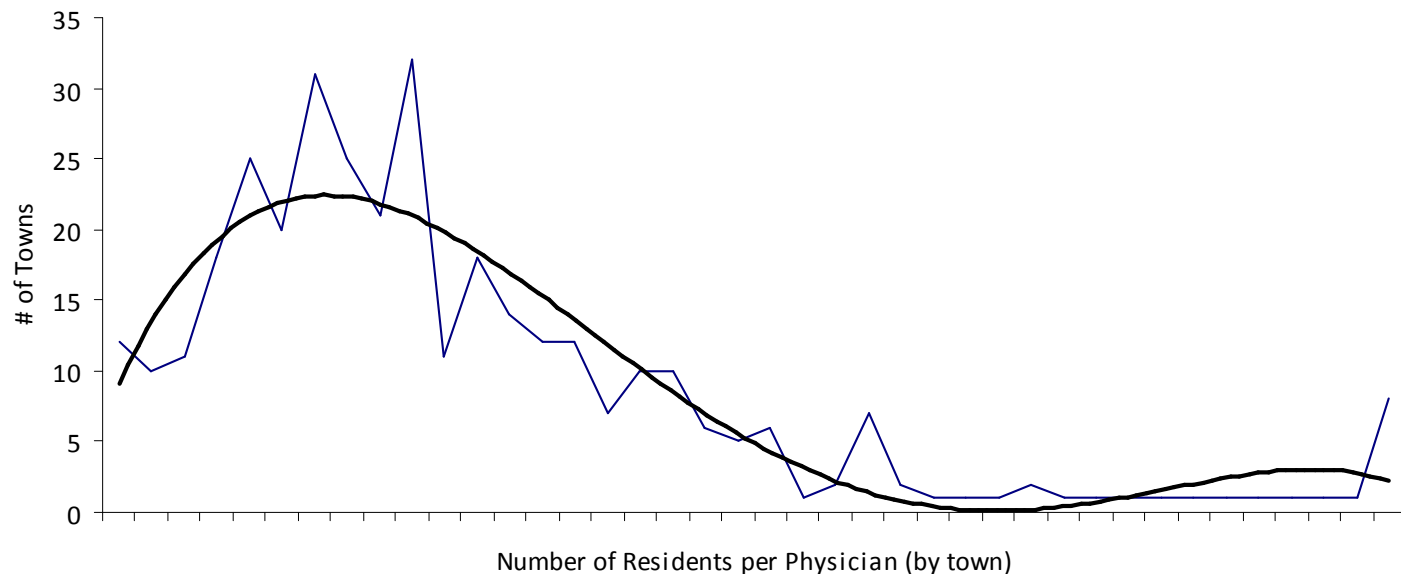
# Geographic-Based Planning:

## What Predicts High Provider Density?

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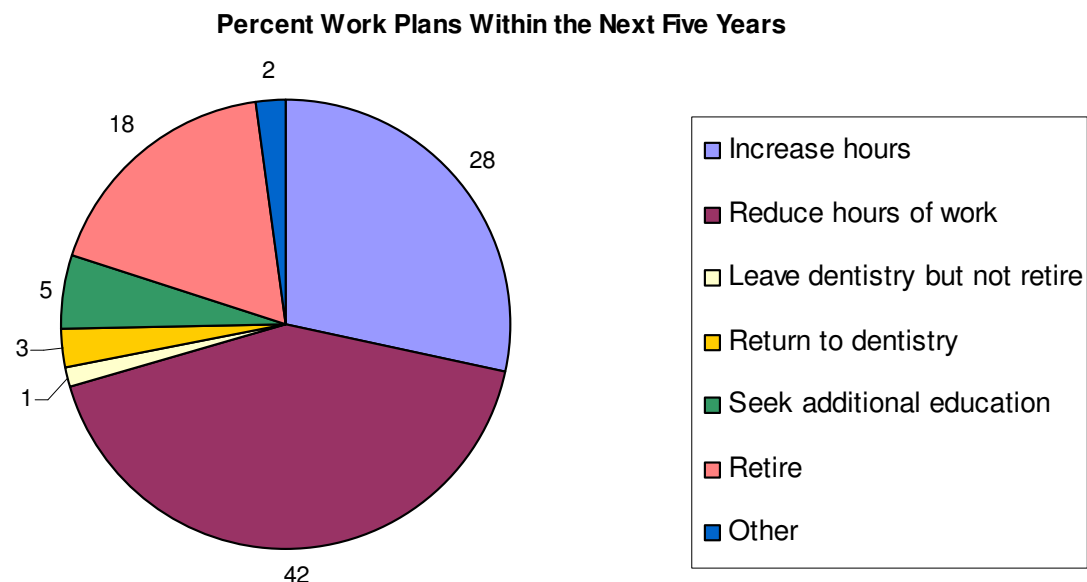
- The population served is a stronger predictor than the type of community (i.e., rural versus urban)
  - Age (older)
  - Education (higher)
  - Income (lower)
  - Ethnicity

Data source-BORIM 2010



# Demographic-Based Planning

- Projecting population shifts
  - Age,
  - Race/Ethnicity
  - Languages
  - New Immigrants
  - Disabilities
- Projecting changes in health workforce
  - Retirements
  - Future plans
- Projecting changes in insurance coverage
  - Mix of publically/private insured

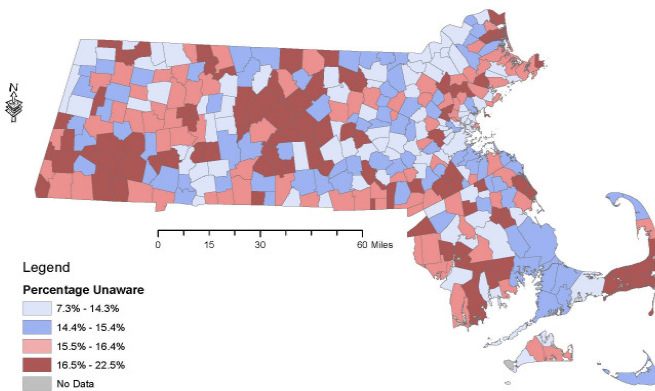


Data source: HCWC Health Professionals Data Series-2012

# Policy-Based Planning:

## Taking into Account Local Policies and Knowledge

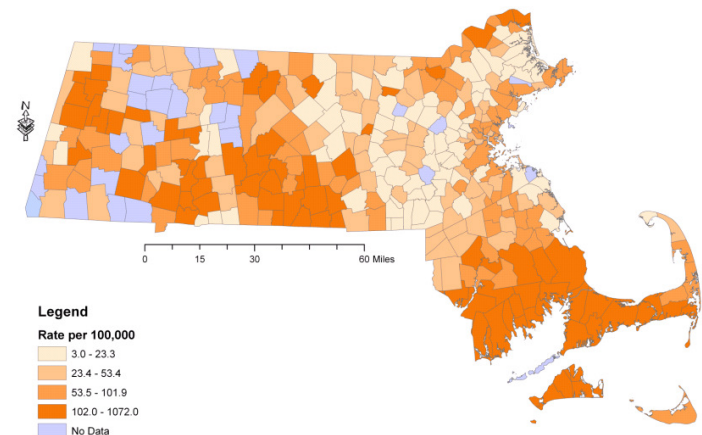
Percentage of People With Diabetes Unaware That They Have Diabetes, by Community



- Highest rates of diabetes in Western MA
- 27% of diabetics are unaware of their condition (NHANES)
- Central and Southwestern MA have unusually high proportions of “unaware” diabetics

- Only 2/3 of the population of the state has fluoridated water
- Higher costs for dental care in communities without fluoridation (Casemix data)

Emergency department visits for dental caries, 2008-2010





# Massachusetts Loan Repayment Program for Health Professionals (MLRP)

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- Since 1990 state and federal grant funding has supported a loan repayment program to primary care clinicians
  - Awardees must:
    - meet federal shortage designation criteria
    - contract to practice at least 2 years in underserved areas



# MLRP continued

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- The Health Care Workforce Center loan repayment program incorporated into extant program
  - Currently (FY 2013) \$857,000 annually in state and federal funding supports loans for practice in high need areas (including certain high need hospitals)
  - Average physician awards are \$50,000 for a two year full time commitment
  - Approximately 18 awards per year; 325 awards since 1990
  - Chapter 224 language adds physician assistants, behavioral health and substance abuse providers, chiropractors



# Health Care Workforce Center: Workforce Transformation Fund

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- Chapter 224 of the Acts of 2012 legislation notes three programs supported by this fund:
  - Health care workforce loan repayment program
  - The primary care residency grant program
  - Primary care workforce development and loan forgiveness grant program at community health centers



# Primary Care Clinician Retention

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## ○ **Current Retention Incentives**

- The Massachusetts Loan Repayment Program
- National Health Service Corp
- Mass League of Community Health Centers \*
- Shortage Area Designations
- UMASS Learning Contract \*
- J1 Visa Waiver
- Incentives in development \*
- Potential for GME?

## ○ **Evaluation Methods**

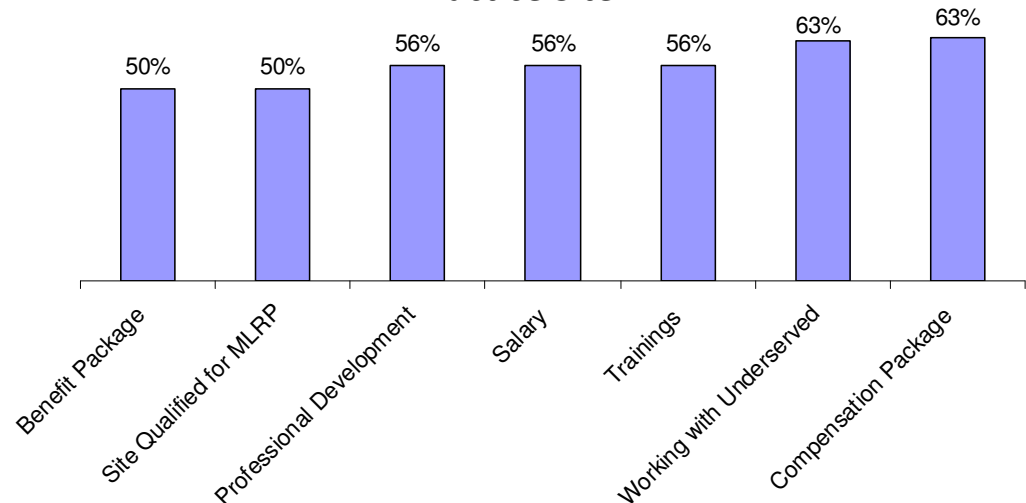
- MLRP participant exit surveys
- 2011 HRSA clinician retention evaluation grant \*
- HRSA measures NHSC participant retention
- Mass League measures CHC clinician retention \*

\*denotes collaboration with MassAHEC Network

# MLRP Participant Exit Surveys

- In 2009 the PCO began to administer exit surveys
- Exit surveys are completed at end of service obligation
- Variables measured by the survey include:
  - practice experience
  - MLRP experience
  - factors influencing site choice.

Most Commonly Reported Factors for Choosing Practice Site



- **Of the 46 respondents, 39 (85%) indicated their intention to stay beyond their service period.**





# Clinician Retention Evaluation

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## Why do clinicians stay?

- Relationship with their patients is highly valued
- Work environment and relationships with colleagues
- Opportunities for growth
- **Relevant** trainings and professional development

## Why would clinicians consider leaving their current work site?

- Orientation and systems trainings were inadequate
- Insufficient communication between management and clinicians
- Inadequate support systems
- Inadequate resources to meet patient needs



# Recruitment and Retention: Medical Directors & HR Perspective

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Our research findings also report:

- Most sites do not have in place a formal recruitment or retention plan
  - A hospital affiliation increased the recruitment and retention capacity of community based agencies
  - Community based agencies find it difficult to compete with neighboring hospitals' salaries and benefits
  - Difficult to use loan repayment as a recruitment tool when it cannot be guaranteed to prospective employees
- *Access to flexible funding options would likely increase recruitment and retention*



# Recruitment and Retention: Conclusions

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- MA clinician recruitment and retention findings are consistent with national trends
- There are many low-cost high impact tools and incentives available including:
  - Relevant and accessible trainings and learning opportunities
  - Opportunities for career advancement and career paths
  - Orientation to work site systems, colleagues, and patient population
- As primary care delivery moves towards an inter-professional teams model, worksites should consider all options when developing recruitment and retention plans



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## Questions

## MDPH Staff

Thomas Land, Director, Office of Statistics and Evaluation, MDPH

Ned Robinson-Lynch, Director of Primary Care and Health Access, MDPH

Julia Dyck, Director, Primary Care Office/Health Care Workforce Center

Beth Baker, Retention and Evaluation Specialist, MDPH

[www.mass.gov/dph/hcworkforcecenter](http://www.mass.gov/dph/hcworkforcecenter)